

**PETITION FOR CREDIT FOR PRIOR SERVICE UNDER THE EMPLOYER
ENROLLMENT OVERSIGHT PROVISION OF RSA 100-A:3, VI(d)(1) AND PART RET 308**

INSTRUCTIONS AND GENERAL INFORMATION:

To receive a cost calculation to purchase service credit for employer enrollment oversight, return this completed form to the New Hampshire Retirement System (NHRS). To purchase employer enrollment oversight, you must file a petition within 3 years after the end of the oversight period (NHRS will contact employer with regards to a waiver should the petition be filed beyond 3 years). Employer must agree that the period requested is a result of employer enrollment oversight. Employer enrollment oversight may be purchased in installment payments of up to 6 years or a lump sum payment, and may be purchased with:

- A trustee to trustee transfer from a Section 403(b) or 457 plan,
- Other post tax dollars, or
- A combination of a trustee to trustee transfer and other post tax dollars

CONDITIONS FOR PURCHASING YOUR EMPLOYER ENROLLMENT OVERSIGHT SERVICE WITH A TRUSTEE TO TRUSTEE TRANSFER FROM A SECTION 403(b) OR 457 GOVERNMENTAL DEFERRED COMPENSATION PLAN

- The amount to be transferred shall not exceed the amount of the total cost as determined by the NHRS.
- **Transfer checks with a value greater than the amount necessary to reinstate the previously withdrawn NHRS service credit will be returned to the 457 or 403(b) plan administrator.**
- The member will be responsible for any tax liability when the transferred funds are distributed.
- Form CNHRS61 must be certified by the Section 457 or 403(b) plan administrator and returned to the NHRS with the transfer check.
- Checks will be returned to the plan administrator if Form CNHRS61 is not enclosed or certified.
- Service credit will not be granted until payment has been made in full.
- The member must sign and return Form CNHRS60 to the NHRS indicating his payment choice prior to initiating a trustee to trustee transfer.

PART I - TO BE COMPLETED BY THE EMPLOYEE

Name _____ Social Security Number _____ - _____ - _____

Mailing Address _____ Phone Number _____
(daytime)

Period of enrollment oversight service credit requested: From ____/____/____ to ____/____/____

Employer during period requested _____

Signature _____ Date _____

PART II - TO BE COMPLETED BY THE EMPLOYER IDENTIFIED IN PART I.

By law, enrollment oversight which occurred after June 30, 1989 is presumed to be the fault of the employer. The employer identified in Part I ☐ agrees ☐ disagrees with the employee's petition for employer enrollment oversight for the period identified in Part I.

The employer agrees that for the period of ____/____/____ to ____/____/____ the member identified in Part I was eligible for enrollment in the New Hampshire Retirement System.

Note to employer. If you disagree with this petition you must state the reason below:

Name / Title of certifying officer _____

Address _____ Phone Number _____

Signature _____ Date _____

PART III - TO BE COMPLETED BY MEMBER'S CURRENT PARTICIPATING EMPLOYER.

Current/Most Recent Participating Employer _____

Current compensation for employee identified in Part I (FY July 1 through June 30) \$ _____

Name / Title of certifying officer _____

Address _____ Phone Number _____

Signature _____ Date _____